

000723

COMMITTEE ACTION SHEET

59
12/02

COUNCIL DOCKET OF

Vol 18, 2008

☐ Supplemental ☒ Adoption ☐ Consent ☐ Unanimous Consent Rules Committee Consultant Review

R -

O -

Mandatory Automated External Defibrillators in Certain New Construction

☒ Reviewed ☐ Initiated By Rules On 10/22/08 Item No. 2

RECOMMENDATION TO:

Send this item forward to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance.

VOTED YEA: Madaffer, Frye, Young, Hueso, Peters

VOTED NAY:

NOT PRESENT:

CITY CLERK: Please reference the following reports on the City Council Docket:

REPORT TO THE CITY COUNCIL NO.

INDEPENDENT BUDGET ANALYST NO.

COUNCIL COMMITTEE CONSULTANT ANALYSIS NO.

OTHER:

Maureen O'Conner's October 16, 2008, memorandum regarding Statistical Information; Maureen O'Conner's October 16, 2008, memorandum regarding Expected Costs; San Diego Project Heart Beat's Pricing Rates; City Attorney's Draft Ordinance; AED Scope/Applicability

COUNCIL COMMITTEE CONSULTANT

Elyse Lowe

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**SAN DIEGO PROJECT HEART BEAT
M E M O R A N D U M**

DATE: October 16, 2008

TO: Councilmember Jim Madaffer, City of San Diego District 7

FROM: Maureen O'Connor, PAD Program Manager SDMSE

SUBJECT: Statistical Information on Sudden Cardiac Arrest (SCA) and the use of Automated External Defibrillators (AEDs) within San Diego County

San Diego Project Heart Beat (SDPHB) is a Public Access Defibrillation (PAD) program created in 2001 to increase the survival rates of Sudden Cardiac Arrest (SCA) victims within the City and County of San Diego. SCA is the leading cause of death within the county and throughout the nation. Since the program's inception, tremendous success has been experienced in the validity of PAD programs and their initiation into communities to save lives. SDPHB is the only known source for statistical information on Automatic External Defibrillation (AED) use within a large city and county for SCA. SDPHB has helped to deploy more than 4000 AEDs throughout San Diego County municipalities in a multitude of mixed public arenas. To date the program has helped to save 52 lives of SCA victims among SDPHB managed PAD program participants.

Listed below is statistical information that will help to identify the need and value of implementing PAD programs into all public and private venues making AEDs as accessible as fire extinguishers throughout the communities.

The information gathered below is from AED deployments (use) that have occurred from 2002 - 2008 for SDPHB managed participants. The chart demonstrates AED deployments that have occurred throughout the City and County of San Diego annually.

| Year | City | County |
|---------------|------------|-----------|
| 2002 | 6 | 1 |
| 2003 | 8 | 3 |
| 2004 | 18 | 2 |
| 2005 | 16 | 2 |
| 2006 | 19 | 4 |
| 2007 | 12 | 1 |
| 2008 to 10/14 | 27 | 2 |
| Total | 106 | 16 |

There have been 122 AED deployments (use) through SDPHB managed program participants documented to date. These AED deployments count for both true SCA events and non-SCA events as they occurred. Out of the 122 AED deployments, 73 of these incidents were true SCA events and 49 were "non-SCA" events. Therefore, 52 lives

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saved out of 73 actual Cardiac Arrest events where an AED was deployed, sums an impressive percentage of lives saved through this program within our region of 71%! This amazing statistic compares to a 4% county survival rate without PAD programs.

- San Diego City Medical Sudden Cardiac Arrests Identified by Calendar Year.

| Year | # |
|---------------|------|
| 2004 | 851 |
| 2005 | 942 |
| 2006 | 1015 |
| 2007 | 1027 |
| 2008 to 10/14 | 831 |

- During the 1st year (1/16/07 to 1/15/08) of San Diego County's Cardiovascular STEMI Receiving Center System 699 prehospital patients were identified as experiencing a STEMI and were transported by ambulance to a STEMI Receiving Center.
- San Diego County Prehospital CPR-Medical Chief Complaints

**Number of San Diego County Prehospital identified
Chief Complaints of *CPR- Medical* by Fiscal Year (FY)**

| FY | # |
|--------------------|------|
| FY0304 | 1511 |
| FY0405 | 1567 |
| FY0506 | 1525 |
| FY0607 | 1533 |
| FY0708 | 1519 |
| FY0809 to 10/14/08 | 418 |

Source: County of San Diego EMS QCS

MICN database, FYs 0304 to FY 0809(to10/14/08)

Note: Fiscal Year = July¹st - June 30th

STEMI is a countywide study that has been initiated to track specific information of SCA victims throughout our region.

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**SAN DIEGO PROJECT HEART BEAT
M E M O R A N D U M**

DATE: October 16, 2008

TO: Councilmember Jim Madaffer, City of San Diego District 7

FROM: Maureen O'Connor, PAD Program Manager SDMSE

SUBJECT: Expected Costs for Automated External Defibrillation (AED) Placement

The following is an average estimated cost to implement Automated External Defibrillators (AEDs) into public and private venues throughout the City of San Diego. It is important for the entity procuring the AEDs to address a package cost (what is included in the price of the AED), as well as quality of the AED unit itself.

Average cost per AED: \$1600.00 includes shipping and tax.

Average cost of Wall Mounted AED Storage Cabinet with Alarm: \$250.00 includes shipping and tax.

Average cost of Required Certification Training: \$35.00 to \$65.00 per student. Minimal requirements for certification training are addressed in CA State Health & Safety Code 1797.196. Certification training is offered as an annual or bi-annual certification.

Required Program Management Services:

- 1 AED annual cost: \$75.00 to \$125.00
- Additional AED cost annually after first AED in program, \$25.00 each.
 - 1 – 5 AEDs, annual cost, \$175.00 to \$225.00
 - 6 – 10 AEDs, annual cost \$300.00 to \$350.00
- Every AED added to program after the initial 10 AEDs, \$10.00 each annually.

The figures listed above come from San Diego Project Heart Beat's current Program Management price list of services.

San Diego Project Heart Beat is a City and County of San Diego Public Access Defibrillation (PAD) program that offers complete Program Management services to all public and private arenas in the region.

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A COMMUNITY EFFORT TO SAVE LIVES!!

PRICING RATES FOR PAD PROGRAM TRAINING AND MANAGEMENT SERVICES

PHASE I

HEARTSAVER CPR/AED COURSE (4 hours) Two year certification. Minimum of eight students per course scheduled. **\$50.00 per student**

Course includes:

- ♥ Training and Certification
- ♥ Required books and cards
- ♥ Instruction in Basic Life Support
- ♥ Record keeping for Certification and Recertification notification

RE-CERTIFICATION TRAINING (4 hours) Two year certification. Minimum of eight students per class scheduled. **\$50.00 per student**

REFRESHER TRAINING (1-2 hours) Recommended annually. Minimum of eight students per class.
Eight to twelve students: \$20.00 each **Thirteen students or more: \$15.00 each**

FIRST AID/CPR/AED COURSE (8 hours) Minimum of eight students. **\$65.00 per student**
 All materials, books, certification cards are included.

PHASE II

PAD PROGRAM MANAGEMENT Initiated annually through a Service Level Agreement (SLA).

First year of service: \$125.00 for first AED. \$25.00 for each additional AED added to SLA up to ten. \$10.00 for each additional AED added to SLA after the initial ten.

Annual reinstatement of service: Provides a discounted rate of \$75.00 for first AED on the SLA.

Service includes:

- ♥ Physician Medical Oversight
- ♥ Service Level Agreement
- ♥ 24hr. AED Emergency Contact Service
- ♥ Record keeping for Program Management
- ♥ Orientation session on "Your AED Program"

PHASE III

PAD PROGRAM "INCIDENT" MANAGEMENT Ask a program representative for

Includes:

- ♥ On-site Downloading of Data
- ♥ Replacement of Electrodes (additional fee)
- ♥ Processing and Filing of Required Reports (4)
- ♥ CISD (Critical Incident Stress Debriefing)

SAN DIEGO PROJECT HEART BEAT ♥ PUBLIC ACCESS DEFIBRILLATION PROGRAMS

10405 San Diego Mission Road Suite 100 ♥ San Diego, California 92108 ♥ Phone (866) 4HEARTU

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ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATIC EXTERNAL DEFIBRILLATORS, REQUIRING AUTOMATIC EXTERNAL DEFIBRILLATORS IN CERTAIN BUILDINGS, PROVIDING FOR INSTALLATION AND OPERATION, AND BY ADDING SECTIONS 145.3901, 145.3902, 145.3903, 145.3904, 145.3905, 145.3906, 145.3907 AND 145.3908 ALL RELATED TO REQUIREMENTS FOR AUTOMATIC EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

WHEREAS, 465,000 people in the United States die each year from sudden cardiac arrest, also known as ventricular fibrillation; and

WHEREAS, defibrillation or shock using an automatic external defibrillator [AED] is the only effective therapy for sudden cardiac arrest; and

WHEREAS, for each minute that passes without cardiopulmonary resuscitation [CPR] and defibrillation, the chance of survival from sudden cardiac arrest *decreases* 7% to 10%; and

WHEREAS, the survival rate from sudden cardiac arrest in places where no CPR and defibrillation program is in place is only about 5%; and

WHEREAS, where AED programs provide immediate CPR and AED shock within the first minute of collapse, the survival rate from cardiac arrest is as high as 74%; and

WHEREAS, requiring AEDs in certain buildings will reduce response time of emergency care, increase the chances of survival, and safeguard the lives of persons who experience sudden cardiac arrest; and

WHEREAS, California has enacted a Good Samaritan Law that, subject to certain requirements, may limit the liability of one who renders emergency care via an AED; NOW, THEREFORE,

BE IT ORDAINED, by the Council of the City of San Diego, as follows:

Section 1. That Chapter 14, Article 05, of the San Diego Municipal Code is amended by adding a new Division 39, titled "Automatic External Defibrillators," and adding new Sections 145.3901, 145.3902, 145.3903, 145.3904, 145.3905, 145.3906, 145.3907 and 145.3908 to read as follows:

DIVISION 39
AUTOMATIC EXTERNAL DEFIBRILLATORS

§145.3901 Purpose

The purpose of this division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons.

§145.3902 Definitions

Except as otherwise provided, for the purposes of this division:

Automatic External Defibrillator or *AED* means "Automatic External Defibrillator" or "AED" as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.8., Section 100033, which states "Automatic External Defibrillator" or "AED" means an external defibrillator that after user activation

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is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

§145.3903 New Construction Requiring AEDs

- (a) Prior to issuance of certificate of occupancy, or approval of final inspection, AED's shall be placed in all newly constructed buildings having an occupant load more than that shown in Table 145-3903. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy group shall be determined based on Chapter 3 of the California Building Code.
- (b) AED's shall be conspicuously placed and shall be readily accessible in the event of an emergency. AED's shall be mounted such that the top of the AED shall not be more than five (5) feet above floor level.
- (c) The following occupancies are exempt from complying with this division.
- (1) The requirements in this division shall not apply to one and two family dwellings classified as Group R Division 3 occupancies, or to Group U occupancies.
- (2) The requirements of this division shall not apply to parking garages.

Table 145-3903

| Occupancy Group | Occupant load |
|-------------------------|---------------|
| Group A "Assembly" | 300 |
| Group B "Business" | 200 |
| Group E "Educational" | 200 |
| Group F "Factory" | 200 |
| Group H "High-Hazard" | 200 |
| Group I "Institutional" | 200 |
| Group M "Mercantile" | 200 |
| Group R "Residential" | 200 |
| Group S "Storage" | 200 |

§145.3904 Location of AEDs

When required pursuant to this division, *AEDs* shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the *AED* and shall be located as follows:

- (a) *AEDs* shall be placed at the main entrance to a space or floor required to include an *AED*.
- (b) *AEDs* shall be so located such that the maximum length of travel measured from the most remote point within a building to any *AED* shall not exceed 300 ft.

- (c) *AEDs* shall be so located on each floor level such that the maximum length of travel between any two *AEDs* shall not exceed 600 ft,
- (d) When not provided at every floor level, *AEDs* shall be located on the first floor and on other floors such that the maximum length of travel between any two *AEDs* shall not exceed 450 ft.

§145.3905 AED Placement, Installation, Repair, and Training Requirements

For all newly constructed buildings that require *AEDs* pursuant to section 145.3903 and Table 145-3903, the building owner or principal (if in a K-12 school) shall ensure the following:

- (a) Registration of the *AED* at the time it is acquired with the City of San Diego Emergency Medical Services Enterprise including the existence, location, and type of *AED*;
- (b) Written validation and prescription for use of the *AED(s)* is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) No less than one employee per every *AED* for the first five acquired and no less than one employee for every five more *AEDs* acquired thereafter completes training in cardiopulmonary resuscitation and *AED* use that complies with the City of San Diego Emergency Medical Services Enterprise requirements, the California Code of Regulations, and the American Heart Association or the American Red Cross standards, and that trained employees are available to respond to an emergency during normal operating hours;

- (d) Installation, maintenance, repair, testing, and readiness checks of each *AED* are conducted in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (e) The records of employee training, installation, maintenance, repair, testing, and checking required for the *AED* are maintained on the premises for a minimum of one year and readily available upon request by the Fire Department, Building Official, or other enforcement designee or agency;
- (f) Any person who renders emergency care using the *AED* activates the City of San Diego Emergency Medical Services Enterprise system as soon as possible and reports any use of the *AED* to the prescribing physician, the City of San Diego Emergency Medical Services Enterprise, and the City's Fire Chief not later than 24 hours after use;
- (g) All tenants annually receive an American Heart Association or American Red Cross approved brochure on the proper use of an *AED*, that similar information is posted next to all *AEDs*, and that tenants are notified of the location of all *AEDs* in the building;
- (h) All school staff and administrators annually receive an American Heart Association or American Red Cross approved brochure on the proper use

of an *AED*, that similar information is posted next to any *AED*, and that employees are notified of the location of *AEDs* on campus;

- (i) The building owner or principal develops a written internal emergency response system and plan with a California licensed physician and surgeon that describes the procedures to be followed in the event of an emergency that may involve the use of an *AED*, including but not limited to, immediate notification of City of San Diego Emergency Medical Services Enterprise and trained personnel at the start of *AED* procedures; and
- (j) Annual written certification of the *AED* is provided to the City of San Diego Fire Chief verifying any *AED* required pursuant to this division is in good working condition and has received necessary maintenance.

§145.3906 Exemption for AEDs Used Solely for Demonstration Purposes

Any *AED* used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this division. Any *AED* used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3907 Sunset Provision for AED Requirements

The provisions of this division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this division shall be automatically repealed and removed from the Code. However, if the State Legislature extends the

applicability of the Good Samaritan Law, the provisions of this division shall be extended and remain in effect for as long as State immunity is provided.

§145.3908 Alternate Materials, Designs, and Methods of Construction.

- (a) Alternate materials, designs, or methods of construction to the requirements in this division may be approved and their use authorized by the Building Official in accordance with Section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this division and be, for the use intended, at least the equivalent of that prescribed in this division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of an alternate.

Section 5. That a full reading of this ordinance is dispensed with prior to passage, since a written copy was made available to the City Council and the public prior to the day of its passage.

Section 6. This ordinance shall take effect and be in force on the thirtieth day from and after its final passage.

APPROVED: MICHAEL J. AGUIRRE, City Attorney

By _____
Deputy City Attorney

NMF:mm
10/17/08
Or.Dept: Rules Committee
O-2009-DRAFT
MMS#6706

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2007 California Building Code
AED Scope/Applicability
by Occupancy

| | | | | |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|---------------------------------------------------------------------------------|
| Group "A" occupancy Public Assembly | Assembly Group A. Assembly Group A occupancy includes, among others, the use of a building or structure, or a portion thereof, for the gathering for purposes such as civic, social or religious functions; recreation, food or drink consumption; or awaiting transportation or motion picture and television production studio sound stages, approved production facilities and production locations. | | | |
| | Example of uses | Occupant load trigger | Example floor area size | Example of triggered establishments |
| | House of worship | > 300 | 5,000 sq ft | Church, mosque, synagogue |
| | Restaurant | > 300 | 5,000 sq ft restaurant | PF Changs , Cheesecake Factory, etc.. |
| | Library | > 300 | 15,000 sq ft | |
| | Health studios | | SAB 1507 | Common area swimming pools, gymnasiums, racquet clubs, health clubs, YMCA, etc. |
| | Cinemas and theaters | > 300 | 5,000 sq ft | |

| | | | | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Group "M" Mercantile | Mercantile Group M occupancy includes, among others, buildings and structures or a portion thereof used for the display and sale of merchandise, and involves stocks of goods, wares or merchandise incidental to such purposes and accessible to the public. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | | > 200 | 6,000 sq ft | Pottery Barn, the GAP, Target, etc. |
| | | > 200 | 6,000 sq ft | Shopping centers and malls |

**2007 California Building Code
AED Scope/Applicability
by Occupancy**

| | | | | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|------------------------------------------------------------------|
| Group "B" Business Occupancy | Business Group B. Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service-type transactions, including storage of records and accounts. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Office | > 200 | 20,000 sq ft | Baseline |
| | Adult Education | > 200 | 10,000 sq ft | National University |
| | Health care facilities | > 200 | 20,000 sq ft | Not a hospital. Medical offices for Kaiser, Sharp, Scripps etc.. |

| | | | | |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------------------------------|
| Group "E" Educational | Educational Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by more than six persons at anyone time for educational purposes through the 12th grade. May include religious educational rooms and religious auditoriums. Includes day care where the use of a building or structure, or portion thereof, for educational, supervision or personal care services for more than six children older than 2 1/2 years of age. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Schools | > 200 | 5,000 sq ft | Private schools Montessori, La Jolla Country Day, etc. |
| | Preschool | > 200 | 5,000 sq ft | |
| | Daycare | > 200 | 5,000 sq ft | |

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**2007 California Building Code
AED Scope/Applicability
by Occupancy**

| | | | | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Group "F" Factory Industrial | Factory Industrial Group F. Factory Industrial Group F occupancy includes, among others, the use of a building or structure, or a portion thereof, for assembling, disassembling, fabricating, finishing, manufacturing, packaging, repair or processing operations that are not classified as a Group H hazardous or Group S storage occupancy. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Manufacturing, | > 200 | 20,000 sq ft | Kyocera, Qualcomm, Cubic |
| | Labs | > 200 | 20,000 sq ft | Scripps, Salk Institute, Ligand, etc.. |

| | | | | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Group "H" Hazardous | High-hazard Group H occupancy includes, among others, the use of a building or structure, or a portion thereof, that involves the manufacturing, processing, generation or storage of materials that constitute a physical or health hazard in quantities in excess of those allowed in control areas. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Hazardous material storage | > 200 | 100,000 sq ft | Warehouse, storage |
| | Hazardous material manufacturing | > 200 | 20,000 sq ft | Labs, manufacturing |

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**2007 California Building Code
AED Scope/Applicability
by Occupancy**

| | | | | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|--------------------------------------------|
| Group "I" Institutional | Institutional Group I. Institutional Group I occupancy includes, among others, the use of a building or structure, or a portion thereof, in which people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment or other care or treatment, or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Prisons, hospitals, skilled nursing homes | County and State jurisdiction | Not regulated | Labs, manufacturing |
| | Outpatient surgical | > 200 | 20,000 sq ft | State regulated |
| | Detention facilities | > 200 | 20,000 sq ft | Police stations, INS, FBI, Petco Park |
| | 24 hour child care | > 200 | 5,000 sq ft | State regulated |

| | | | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Group "S" Storage | Storage Group S; Storage Group S occupancy includes, among others, the use of a building or structure, or a portion thereof, for storage that is not classified as a hazardous occupancy. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Warehouse | > 200 | 100,000 sq ft | |
| | Parking Garages | Not required | Not required | |

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**2007 California Building Code
AED Scope/Applicability
by Occupancy**

| | | | | |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Group "R" Residential | Residential Group R. Residential Group R includes, among others, the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an Institutional Group 1. | | | |
| | Example of uses | Occupant load trigger | Example size | Example of triggered establishments |
| | Transient lodging | >200 | 40,000 sq ft | Hotels and motels |
| | Condo Apartment | >200 | 40,000 sq ft | Condo/Apartment |
| | Single Family | Not regulated | | Single Family |

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Sudden Cardiac Arrest Facts

Sudden Cardiac Arrest is a leading cause of death in this country, taking the lives of more than 250,000 people each year — more than breast cancer, lung cancer, stroke, or AIDS. It occurs abruptly and without warning, and two-thirds of SCA deaths occur without any prior indications of heart disease. According to the SCA foundation, over 46,000 people have died this year due to SCA in California alone.

SCA occurs abruptly and without warning: The heart suddenly stops beating, so no blood can be pumped to the rest of the body. In essence, the heart's electrical system stops working. Contrary to widespread belief — SCA is NOT the same as a heart attack. A heart attack, also called a myocardial infarction, is when a blockage in a blood vessel interrupts the flow of oxygen-rich blood to the heart, causing the heart muscle to die. If you think of your heart as a house — SCA would be a problem with the electricity; a heart attack would be a problem with the plumbing.⁵

SCA is extremely deadly, with a mortality rate of approximately 95 percent.⁶

To have a chance of surviving, victims of SCA must receive a life-saving defibrillation within the first 4 – 6 minutes of an attack, when brain and permanent death start to occur.⁷

Certain segments of the population are particularly at risk:

- Medical studies have shown that women have less chance of recovering from SCA than men, and in fact, SCA deaths among women ages 35 – 44 have increased over the past several years but not for men.⁸
- African Americans are more likely to have a SCA than Caucasians and have less than a 1 percent chance of surviving, versus a 5 percent chance in the general population.⁹
- Two-thirds of SCA deaths occur in people without any prior indications of heart disease.¹⁰

Life-saving treatments for SCA are effective if they can be administered:

- Implantable Cardioverter Defibrillators (ICDs) are 98 percent effective at protecting those at risk for SCA, but only 35 percent of patients who could be helped by one, have them.¹¹
- Automatic External Defibrillators (AEDs) can increase the survival rate for SCA up to 90 percent by delivering a life-saving shock within the first few minutes of an attack, but they are still not widely available and people often do not know how to use them.¹²

<http://www.stopcardiacarrest.org/policymakers/fast-facts.html>

References

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- ¹ Heart Rhythm Society, www.hrsonline.org
- ² Heart Rhythm Society, www.hrsonline.org
- ³ American College of Cardiology, www.acc.org
- ⁴ American Heart Association, www.americanheart.org
- ⁵ Heart Rhythm Society, www.hrsonline.org
- ⁶ National Heart Lung and Blood Institute, www.nhlbi.nih.gov
- ⁷ American Heart Association, www.americanheart.org
- ⁸ Yale-New Haven Hospital, www.ynhh.org
- ⁹ New England Journal of Medicine, content.nejm.org
- ¹⁰ National Heart Lung and Blood Institute, www.nhlbi.nih.gov
- ¹¹ Zipes DP, Camm AJ, Borggreffe M, et al. ACC/AHA/ESC 2006 Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death -- Executive Summary. A Report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Develop Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death). *J Am Coll Cardiol*. September 5, 2006;48(5):1064-1108.
- ¹² Occupational Health and Safety Administration, <http://www.osha.gov>

RECEIVED
08 NOV -6 AM 12:02
CITY CLERKS OFFICE
SAN DIEGO, CA

City of San Diego
MEMORANDUM

DATE: November 19, 2008

TO: DEPUTY CITY ATTORNEY –Nina Fain

FROM: Office of the City Clerk- Mary Zumaya

SUBJECT: Item 330 of the November 18, 2008 City Council Meeting

ITEM-330: Requiring Automated External Defibrillators in Specified Newly Constructed Buildings. (Citywide.)

(Maureen O'Connor's October 16, 2008, memorandum regarding Statistical Information; Maureen O'Connor's October 16, 2008, memorandum regarding Expected Costs; San Diego Project Heart Beat's Pricing Rates; City Attorney's Draft Ordinance; AED Scope/Applicability.)

TODAY'S ACTION IS:

Introduce the following ordinance:

(O-2009-28 Cor. Copy) INTRODUCED AS AMENDED WITH
DIRECTION, TO BE ADOPTED TUESDAY,
DECEMBER 2, 2008

Introduction of an Ordinance amending Chapter 14, Article 05, of the San Diego Municipal Code by adding Division 39, titled Automated External Defibrillators, and by adding Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930, and 145.3935, all related to requirements for Automated External Defibrillators in Certain Newly Constructed Buildings.

**RULES, OPEN GOVERNMENT, AND INTERGOVERNMENTAL RELATIONS
COMMITTEE'S RECOMMENDATION:**

On 10/22/2008, Rules voted 5 to 0 to send this item forward to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance. (Councilmembers Peters, Young, Frye, Madaffer, and Hueso voted yea.)

000750

SUPPORTING INFORMATION:

Sudden Cardiac Arrest (SCA) is leading cause of death in this country with nearly 325,000 victims each year nationwide with two thirds of those deaths occurring without any prior indications of heart disease. SCA is an electrical problem, whereby arrhythmia prevents the heart from pumping blood to the brain and vital organs. Victims need to receive defibrillation from Automated External Defibrillators (AED's) within five minutes for best chance of survival.

The San Diego region currently has 4,000 AED units placed in private and public facilities with 52 victim's lives saved to date.

The purpose of this ordinance is to expand the presence of AED's and decrease medical response time to victims of SCA to make a significant lifesaving difference. AED devices have been demonstrated to be safe and effective, even when used by laypeople, since the devices are designed not to allow a user to administer a shock until after the device has analyzed the victim's heart rhythm and determined that an electric shock is required.

Certain newly constructed buildings would be required to have an AED installed based on occupancy load levels to optimally achieve a three minute response time to travel to person in need. Occupancy load threshold was determined by load factors in California Building Code. Development Services staff would issue the Certificate of Occupancy once inspection shows the AED requirement has been met.

This ordinance complies with current state law which dictates the requirements of AED use including a training component, annual maintenance, and user liability immunity. The State of California required AED training and maintenance is a self certification process after installation.

If the state Good Samaritan Law is extended or made permanent, the ordinance will remain in effect as long as the state law provides limits on liability.

FISCAL CONSIDERATIONS: None.

PREVIOUS COUNCIL AND/OR COMMITTEE ACTION:

On July 16, 2008: Rules Committee held a workshop on the proposal to require AED's in certain new construction.

ACTION: Motion by Councilmember Frye, second by Council President Pro Tem Madaffer, to direct the City Attorney and the Development Services Department to work together to draft the ordinance, address the comments and concerns of the Committee, and return to the Rules Committee on September 17, 2008.

VOTE: 4-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-not Present

000751

September 17, 2008: Rules Committee heard an informational update from the Development Services Department and City Attorney regarding the Ordinance Proposed by Council President Pro Tem Madaffer requiring AED's in certain new construction.

VOTE: Info only. No vote was taken.

On October 22, 2008: Rules Committee heard a report from the Development Services Department and the City Attorney the regarding the Proposed Ordinance for mandatory AEDs in certain new construction.

ACTION: Motion by Council President Peters, second by Council President Pro Tem Madaffer, to send the item to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance.

VOTE: 5-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-yea

COMMUNITY PARTICIPATION AND PUBLIC OUTREACH EFFORTS:

Workshop for stakeholders held by City on September 30, 2008.

KEY STAKEHOLDERS AND PROJECTED IMPACTS:

Building Owners and Managers, National Association of Industrial and Office Properties. Fiscal Impacts are considered to be approximately \$2,000 per AED including training and annual maintenance.

Lowe

COUNCIL ACTION WAS:

Introduce the ordinance with amendment to language under Section 14.3915(c)(2), AEDs shall be located such that the maximum length of vertical travel between any two AEDs on any two floors with an AED shall not exceed 450 feet.

COUNCIL VOTE WAS:

Motion by Madaffer; seconded by Peters. Vote: Unanimous; 12345678-yea.

Please prepare the Ordinance to reflect Council's Action using the appropriate language, and return to the City Clerk's Office Attention: Magdalena Lujan or Lauren Yepiz, MS 2A to place on the December 2, 2008, docket

ELIZABETH S. MALAND
City Clerk

By: _____
Mary Zumaya, Deputy

000752

000753

DATE: November 18, 2008

TO: Mayor and City Council

FROM: BOMA, NAIOP, CRA, & BIA

RE: Mandatory Automated External Defibrillator Installation Ordinance

The Building Owners and Managers Association (BOMA), the National Association of Industrial & Office Properties (NAIOP), the California Restaurant Association (CRA) and the Building Industry Association (BIA) are all opposed the AED Ordinance.

The Apartment Association was previously opposed, but the latest draft ordinance exempted multi-family residential under the logic that implementation was highly problematic due to lack of on-site personnel. It should be noted that the vast majority of multi-tenant commercial properties have little to no on-site staff also making implementation problematic for multi-tenant office. The City should be consistent in this exemption policy and exempt multi-tenant commercial properties with no on-site personnel.

ISSUE DISCUSSION:

In general, our groups are opposed to the City of San Diego's adoption of this draft ordinance for several reasons.

1. The ordinance requirements expose our members and potentially the City to significant new liability.
2. The ordinance contains confusing installation standards which have not been reviewed either by architectural professionals or reviewed by any technical committee with expertise on these matters.
3. The ordinance lacks clarity on how it would be applied to single-tenant buildings or buildings with no on-site trained personnel.

In short the ordinance is not well thought out and it has not been properly vetted by the California Building Standards Commission, the state agency with the primary authority to review and establish new building requirements and to address health and safety issues for new construction.

RECOMMENDATION:

We propose that the Council not proceed with the adoption of this ordinance and, instead, send it back to the TAC for additional input and amendment, including the potential of pursuing this as a new building code standard at the state level. We further recommend that the city's legislative agenda include the pursuit of this issue at the State level as a new building code requirement, ensuring adequate technical input and consistency of standards across jurisdictional boundaries.

Should Council decide to adopt the ordinance in light of these issues, we recommend the following amendments:

1. Rather than a "sunset clause" in the current draft which sunsets the ordinance at such time that the state law protecting acquirers might sunset, we recommend the following language be added to Section 143.3907:
 - Strike existing language
 - Add: "The provisions of this division will not go into effect until the sunset provisions of California Health and Safety Code Section 1797.196 (Good Samaritan Law), are repealed."
2. Exempt multi-tenant commercial with no on-site building personnel.
3. Add language whereby the City indemnifies private property owners subject to the provisions of this ordinance.
4. Section 145.3903 should be amended to place the requirement for acquisition and installation of AEDs on the building tenant when there are no on-site building owner or building manager personnel to comply with the provisions of Section 145.3905.
5. The training and placement requirements under Section 145.3905 should be amended as follows:
 - Strike sub-section (c) or add the phrase " or tenant" to those allowed to be trained in order to be compliant with this section.
 - Add a new sub-section stating that in where no on-site personnel of the property owner or building manager are present, the obligation to acquire, train and maintain the obligation should be placed on the tenants.
6. Additionally, the ordinance should be amended to place the requirement on the tenant for all single tenant buildings (for the same reason stated above). The city could enforce this through the business license.

-OR-

7. The City places the mandate to acquire the device on the builder when that building is being constructed, but if it's for a single-purpose tenant, there should be language in Section 145.3903 transferring the responsibility and requirements under this ordinance to that tenant. Again, this could be enforced on the tenant through the business license.

If the Council opts to pursue this ordinance locally, we recommend that the draft ordinance be sent to the City's Technical Advisory Committee (TAC) for review and comment by the appropriate technical experts on the placement of these devices. We believe the TAC can review and provide recommendations on how the city should resolve the following concerns that have been raised by our members:

- ❑ The liability is unresolved and the city is essentially mandating liability on property owners who will be forced to acquire these devices.
- ❑ Both the mandate and the sunset clause expose the city to potential liability (trial attorneys look for ALL of the deep pockets to sue).
- ❑ The sunset clause is not a reasonable solution, since it creates a "standard of care" for property owners who will never be able to remove the devices once acquired and installed.
- ❑ The installation standards written by DSD are confusing and duplicative, potentially requiring more devices per building or floor than may actually be necessary. The standards have been developed by using methodologies for egress from a building that are not necessarily consistent with a building occupants ability to retrieve and deploy and AED.
- ❑ The ambiguous nature of the proposed installation guidelines contained in Section 145.3904 this mandate would likely become an economic hardship on many small businesses.
- ❑ The City's findings set a "standard of care" that could likely be applied to existing construction, further broadening the applicability of this ordinance. Simply stating that this is not intended to apply to existing construction does not mean that legally it will not be applied by the courts.
- ❑ Exempting certain types of construction creates a double standard that does not under the "standard of care" theory remove the owners of those properties potential exposure to liability.
- ❑ The vast majority of multi-tenant commercial properties do not have on-site personnel to comply with the training provisions of Section 145.3905. As a result, the property owner or building manager would be forced to manage the undue burden of having building tenants comply with the training provisions of this section. Given that the property owner/building manager can in no way know when a trained tenant representative is on-site, continues employment or has been terminated. As a result, the property owner would be exposed to liability.

000756

000757

Madaffer RESPONSE TO BOMA, NAIOP, CRA and BIA memo dated 11/18/08

BOMA et al state "the ordinance requirements expose our members and potentially the City to significant liability."

Response: The State of California already requires AEDs in THOUSANDS of health clubs/exercise studios, hundreds of which are located in San Diego. Why has this not exposed every business to "significant liability" already?

It has not been demonstrated that simply because a certain sector or type of business is required to have AEDs that significant liability has been established in California.

BOMA "The ordinance contains confusing installations standards..."

Response: According to DSD staff, no one contacted DSD to request clarification on any of the AED installation standards. The standards have been reviewed by technical experts within the City of San Diego.

BOMA "The ordinance lacks clarity on how it would be applied to single tenant buildings or buildings with no on-site trained personnel."

Response: the Building owners are responsible for making sure an AED is installed. It is the responsibility of the building owner to work with their tenant directly in a single tenant building. The local ordinance, as well as the state Good Samaritan law, is very clear that buildings must have trained on-site personnel.

It is unlikely that a building that meets the occupancy load trigger would have zero on-site personnel, such as a security guard or custodian or facilities manager.

Buildings such as parking garages, residential, and agricultural with low occupant loads have been exempted due to lack of adequate number of employees.

BOMA "...the ordinance has not been properly vetted through the CA Building Standards Commission"

Response: The City Attorney has opined that the installation of AEDs is not a building standard, thus it was not required to be heard by the CA Building Standards Commission.

If these standards were considered to be building standards, and if the City Attorney believed that by inserting them into the Land Development Code they must be reviewed by the Planning Commission, the process would have been:

1. Board of Building Appeals and Advisors
2. Planning Commission
3. Council Committee
4. City Council

The AED ordinance was reviewed at a public workshop where all of the TAC members, as well as everyone on the DSD interest list, were invited to. The ordinance has also been heard at Council Committees three times in the last 2 years.

BOMA recommends the following amendments:

1. *Add to Section 143.3907: "The provisions of this division will not go into effect until the sunset provisions of CA H&S Code Sect. 1797.196 (Good Samaritan law), are repealed."*

Response: The section that references the Sunset provision is 145.3930. The language in that section tying the ordinance to the sunset was included per Rules Committee direction. If the Council takes BOMA's advice, the ordinance would not go into effect until the state makes a decision on the sunset, which could be one year or more.

2. *Exempt multi-tenant commercial with no on-site building personnel.*

Response: This would serve to remove the large buildings that would benefit the most from having an AED onsite, when emergency personnel is likely to not arrive until after the three to five minute best chance of survival window.

We suggest the building owners work directly with their tenants to implement the requirements of the AED ordinance. Building owners have the ability to include employee AED/CPR training as a contractual obligation of their tenants in their lease agreement.

3. *Add language whereby the City indemnifies private property owners subject to the provision of this ordinance.*

Response: The City is unable to indemnify private property owners in the manner BOMA is requesting.

4. *Section 145.3903 should be amended to place the requirement for acquisition and installation of AEDs on the building tenant when there are no on-site building owners or building manager personnel to comply with the sections of 145.3905.*

Response: This is not an accurate Section Number in the final draft of the ordinance. Section 145.3903 does not exist. Assuming you intend to amend Section 145.3910- **New Construction Requiring AEDs**, and Section 145.3920 **AED placement, Installation Repair and Training Requirements**, our response is: The Certificate of Occupancy is not issued until the AED has been installed. Thus, it is not feasible to place the onus directly on the tenant when the building owner or manager is the responsible party for acquiring the Certificate of Occupancy from the City.

5. *The training and placement requirements under Section 145.3905 should be amended as follows:*

- *Strike subsection {c} or add the phrase "tenant"*
- *Add a new subsection stating where no onsite personnel of the property owner or building manager are present, the obligation to acquire, train and maintain the obligation should be placed on the tenants.*

Response: Assuming the correct section number is Section 145.3920 **AED placement, Installation, Repair and Training Requirements**, we suggest the building owners work directly with their tenants to implement the requirements of the AED ordinance. Building owners have the ability to include employee AED/CPR training as a contractual obligation of their tenants in their lease agreement.

6. *The ordinance should be amended to place the requirement on the tenant for all single tenant buildings. The City could enforce this through the business license.*

Response: The AED requirements are a Self Certification process thus the City would not choose to enforce this through a tenant's business license.

7. *The City places the mandate to acquire the device on the builder when that building is being constructed, but if it's for a single purpose tenant, there should be language transferring the responsibility and requirements under this ordinance to the tenant. Again this could be enforced through the business license.*

Response: It is suggested the building owners work directly with their tenants to implement the requirements of the AED ordinance. Building owners have the ability to include employee AED/CPR training as a contractual obligation of their tenants in their lease agreement.

We believe the TAC can review and provide recommendations on how the city should resolve the following concerns that have been raised by our members:

000760

ISSUE #1 - The liability is unresolved and the city is essentially mandating liability on property owners who will be forced to acquire these devices.

RESPONSE #1 - Liability protection is currently addressed through the State's "Good Samaritan Law" which provides immunity from civil liability if certain requirements are met. The City of San Diego Ordinance requirements would be in effect until the sunset of the Good Samaritan Law (Health and Safety Code section 1797.196), which is currently set to expire January 1, 2013. However, if the State Legislature extends or makes permanent the Good Samaritan Law, the ordinance will remain in effect as long as the state law provides immunity from liability.

ISSUE #2 - Both the mandate and the sunset clause expose the city to potential liability (trial attorneys look for ALL of the deep pockets to sue).

RESPONSE #2 - City Attorney to respond. State mandates installation of AED's in all health clubs so threshold has already been imposed at State level. Furthermore, City ordinance corresponds within State law.

ISSUE #3 - The sunset clause is not a reasonable solution, since it creates a "standard of care" for property owners who will never be able to remove the devices once acquired and installed.

RESPONSE #3 - property owners will be allowed to remove the devices if desired, no language prohibits or precludes removal of device if ordinance is no longer in effect.

ISSUE #4 - The installation standards written by DSD are confusing and duplicative, potentially requiring more devices per building or floor than may actually be necessary. The standards have been developed by using methodologies for egress from a building that are not necessarily consistent with a building occupants ability to retrieve and deploy and AED.

RESPONSE #4 - There currently is not a universal standard for placement. Our criteria for placement was based on the goal of reaching SCA victim within 3 minute survival window as recommended by the Project Heartbeat and American Heart Association. Calculated at a 200 foot per minute travel speed, the maximum length of travel any AED unit shall not exceed 300 feet. This will achieve the optimum 3 minute survival window for SCA victim.

ISSUE #5 - The ambiguous nature of the proposed installation guidelines contained in Section 145.3904 (er?) this mandate would likely become an economic hardship on many small businesses.

RESPONSE #5 - The trigger on this ordinance would only apply to those uses that meet the occupancy and space size requirements. Certain uses and occupancies have been exempted due to their low occupant load and lack of adequate employees. Finally, this would only apply to new construction only.

ISSUE #6 - The City's findings set a "standard of care" that could likely be applied to existing construction, further broadening the applicability of this ordinance. Simply stating that this is not intended to apply to existing construction does not mean that legally it will not be applied by the courts.

RESPONSE #6 - City Attorney to respond. Ordinance cannot be applied to existing structures only new construction and is not intended to create a new standard of care. The purpose is only to promote faster emergency response times to those suffering from sudden cardiac arrest, thereby improving chances of survival, in large buildings, multistory buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons. Cannot be retroactively applied to existing construction.

000761

ISSUE #7 - Exempting certain types of construction creates a double standard that does not under the "standard of care" theory remove the owners of those properties potential exposure to liability.

RESPONSE #7 - Staff fully analyzed the applicability and use and is including those uses that fit the technical standards and criteria and will not cause delays in the development process.

ISSUE #8 - The vast majority of multi-tenant commercial properties do not have on-site personnel to comply with the training provisions of Section 145.3905. As a result, the property owner or building manager would be forced to manage the undue burden of having building tenants comply with the training provisions of this section. Given that the property owner/building manager can in no way know when a trained tenant representative is on-site, continues employment or has been terminated. As a result, the property owner would be exposed to liability.

RESPONSE #8 -The ordinance requirements would only be triggered based on occupancy loads in building. A building with no on-site personnel most likely would be too small of occupancy to even trigger the requirement in the first place.

000763



THE CITY OF SAN DIEGO

FPB POLICY
E-08-8

FIRE EXTINGUISHERS
CFC Section 906 and NFPA 10

I. PURPOSE

This policy clarifies the size, type, and location of fire extinguishers required by the 2007 *California Fire Code, Section 906* and the Title 19, *California Code of Regulations, Sections 565-617, Fire Extinguishers* as adopted by the State Fire Marshal.

II. SCOPE

This policy applies to all occupancies regulated under the *California Fire Code* and Title 19 *California Code of Regulations*.

III. ACCESSIBILITY AND AVAILABILITY

Portable fire extinguishers shall not be concealed, obstructed or impaired. *California Fire Code, Section 906.6*

IV. MOUNTING

Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions. Wheeled-type fire extinguishers shall be located in a designated location. Fire extinguishers having a gross weight not exceeding 40 lbs (18.14kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft. (1.53m) above the floor. Fire extinguishers having a gross weight greater than 40 lbs. (18.14kg) (except wheeled types) shall be so installed that the top of the fire extinguisher is not more than 3-1/2 ft. (1.07 m) above the floor. In no case shall the clearance between the bottom of the extinguisher and the floor be less than 4 in. (10.2 cm). Extinguishers shall be installed on hangers, brackets or in cabinets unless the extinguishers are of the wheeled type. Cal. Code Regs., tit. 19, §567.3 and §567.6

Fire Prevention Bureau

Fire-Rescue Department • 1010 Second Avenue, Suite 300 • San Diego, CA 92101-4903
Tel (619) 533-4400 Fax 544-6806

000764

V. SERVICING

Fire extinguishers shall be inspected at least monthly by the building owner, occupant, or his/her authorized agent. . Cal. Code Regs., tit. 19, §574.1.

Fire extinguishers shall be subjected to maintenance annually or immediately after use or when specifically indicated by an inspection or at the time of hydrostatic test. For purposes of maintenance, hydrostatic tests required during the same calendar year shall be performed at the time of the annual maintenance or recharge. . Cal. Code Regs., tit. 19, §575.1

Every 6 years stored pressure dry chemical and dry powder fire extinguishers that require a 12 year hydrostatic test shall be discharged, emptied and subjected to the applicable maintenance procedures as specified by the manufacture's requirements. . Cal. Code Regs., tit. 19, §575.4

VI. TAGGING, MARKING AND LABELING

Each fire extinguisher that has undergone annual maintenance shall have an Annual Maintenance Tag attached in accordance with Cal. Code Regs., tit. 19, §596.

Each extinguisher that has undergone maintenance, which includes internal examination or has been recharged, shall have a Verification of Service Collar attached in accordance with Cal. Code Regs., tit. 19, §596.

Exception: Cartridge/cylinder-operated fire extinguishers do not require a Verification of Service Collar.

All low pressure fire extinguishers successfully passing a hydrostatic test shall have a hydrostatic test label affixed. For high pressure cylinders (i.e., CO₂) passing a hydrostatic test, the month and year shall be stamped in accordance with the requirements set forth by D.O.T. Recording (stamping) shall be placed only on the shoulder, top head, neck, or footing (when so provided) of the cylinder.

000765

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------|
| A-1 | 6,000 | 75 feet | 2-A:10-B:C |
| A-2 | 6,000 | 75 feet | 2-A:10-B:C |
| A-2.1* | 6,000 | 75 feet | 2-A:10-B:C |
| A-3 | 6,000 | 75 feet | 2-A:10-B:C |
| A-4 | 6,000 | 75 feet | 2-A:10-B:C |
| A-5 | 6,000 | 75 feet | 2-A:10-B:C |
| B | 6,000 | 75 feet | 2-A:10-B:C |
| B (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| B-2* | 6,000 | 75 feet | 2-A:10-B:C |
| E | 6,000 | 75 feet | 2-A:10-B:C |
| E (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| F-1 | 6,000 | 75 feet | 2-A:10-B:C |
| F-1 (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| F-2 | 6,000 | 75 feet | 2-A:10-B:C |

*Occupancy Revised in Current Code Cycle.

000766

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|--------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------|
| H-1 | 4,000 | 30 feet 50 feet | 4-A:40-B:C 4-A:80-B:C |
| H-2 | 4,000 | 30 feet 50 feet | 4-A:40-B:C 4-A:80-B:C |
| H-3 | 4,000 | 30 feet 50 feet | 4-A:40-B:C 4-A:80-B:C |
| H-4 | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| H-5 | 3,000 | 30 feet | 2-A:10-B:C 2-A:20-B:C |
| H-6* | 4,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| H-7* | 6,000 | 75 feet | 2-A:10-B:C |
| H-8* | 6,000 | 75 feet | 2-A:10-B:C |
| Special hazards in Group H occupancies may require special and/or additional extinguishers | | | |
| I-1 | 6,000 | 75 feet | 2-A:10-B:C |
| I-1.1* | 6,000 | 75 feet | 2-A:10-B:C |
| I-1.2* | 6,000 | 75 feet | 2-A:10-B:C |
| I-2 | 6,000 | 75 feet | 2-A:10-B:C |
| I-2.1 | 6,000 | 75 feet | 2-A:10-B:C |
| I-3 | 6,000 | 75 feet | 2-A:10-B:C |
| I-4 | 6,000 | 75 feet | 2-A:10-B:C |
| L | 6,000 | 75 feet | 2-A:10-B:C |
| M | 6,000 | 75 feet | 2-A:10-B:C |

*Occupancy Revised in Current Code Cycle.

000767

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------|
| M (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| R-1 | 6,000 | 75 feet | 2-A:10-B:C |
| R-2 | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.2* | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.1.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.2.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.3* | 6,000 | 75 feet | 2-A:10-B:C |
| R-2.3.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-3 (Not required, but recommended) | 6,000 | 75 feet | 2-A:10-B:C |
| R-3.1 | 6,000 | 75 feet | 2-A:10-B:C |
| R-4 | 6,000 | 75 feet | 2-A:10-B:C |
| R-6.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-6.2* | 6,000 | 75 feet | 2-A:10-B:C |
| R-6.1.1* | 6,000 | 75 feet | 2-A:10-B:C |
| R-6.2.1* | 6,000 | 75 feet | 2-A:10-B:C |
| S-1 | 3,000 | 75 feet | 2-A:10-B:C |
| S-1 (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |

*Occupancy Revised in Current Code Cycle.

000768

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|-------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|
| S-2 | 6,000 | 75 feet | 2-A:10-B:C |
| S-3* | 3,000 | 75 feet | 2-A:10-B:C |
| S-3* (Storing or using flammable and/or combustible liquids requiring a CFC permit) | 3,000 | 30 feet 50 feet | 2-A:10-B:C 4-A:20-B:C |
| S-4* | 6,000 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |
| S-5* | 3,000 | 30 feet | 4-A:40-B:C 4-A:80-B:C |
| U | 6,000 | 75 feet | 2-A:10-B:C |
| U-1* (Not required in private garages, but recommended) | 6,000 | 75 feet | 2-A:10-B:C |
| U-2* | No requirements | | |
| Aircraft Fuel-dispensing Stations (fuel discharge capacity =200gpm) | CFC §1105.6 | 75 feet | (at least 2) 20-B:C |
| Aircraft Fuel-dispensing Stations (fuel discharge capacity >200gpm but =350gpm) | CFC §1105.6 | 75 feet | 80-B:C wheeled extinguisher having a min. capacity of 125 pounds of agent |
| Aircraft Fuel-dispensing Stations (fuel discharge capacity >350gpm) | CFC §1105.6 | 75 feet | (at least 2) 80-B:C wheeled extinguishers having a min. capacity of 125 pounds of agent each |
| Aircraft Towing Vehicles | CFC §1105.2 | On vehicle | 20-B:C |

*Occupancy Revised in Current Code Cycle.

000769

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|----------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|----------------------------------|
| Aircraft Welding Apparatus | CFC §1105.3 | On apparatus | 2-A:20-B:C |
| On Aircraft Fuel-servicing Tank Vehicles | CFC §1105.4 | On vehicle (an extinguisher shall be accessible from either side of the vehicle) | 20-B:C |
| On Hydrant Fuel-servicing Vehicles | CFC §1105.5 | On vehicle | 20-B:C |
| Battery-charging Areas (Powered industrial trucks) | CFC §309.4 | Within 20 feet of charger | 4-A:20-B:C |
| Auto Wrecking Yard | CFC §906 | 30 feet | 4-A:40-B:C |
| Forklifts | | On vehicle | 1-A:20-B:C |
| Boiler Room | Each Room | Outside of | 4-A:20-B:C |
| Electrical Room | Each Room | Outside of | 4-A:20-B:C |
| Equipment Room | Each Room | Outside of | 4-A:20-B:C |
| Mechanical Room | Each Room | Outside of | 4-A:20-B:C |
| Motor and Fan Room | Each Room | Outside of | 4-A:20-B:C |
| Flammable Liquid Storage Rooms | CFC §3404.3.7.5.2 | Outside of | 4-A:40-B:C |
| Dip Tank | Each Unit | 30 feet | 40B:C/4-A:40-B:C |
| Spray Booth | Each Unit | 30 feet | 4-A:40-B:C |
| Laboratories Class A (NFPA 45) | 1,000 | 30 feet 50 feet | 4-A:40-B:C 4-A:80-B:C |
| Laboratories Class B & C (NFPA 45) | 1,500 | 30 feet 50 feet | 2-A:10-B:C 2-A:20-B:C |

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| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------|
| LPG Tank | Over 120 Gallons | 30 feet | 4-A:40-B:C |
| LPG Industrial Plant, Bulk Plant, and Distributing Point | UFC Standard 82-1 | | (at least one fire extinguisher) having a minimum capacity of 18 lb of dry chemical with a B:C rating |
| Gasoline Dispensing | CFC §2205.5 | 75 feet | 2-A:20-B:C |
| Welder (fixed) | | 30 feet | 4-A:40-B:C |
| Welder (portable) | CFC §2604.2.6 | Mounted on cart | 2-A:20-B:C |
| Projection Room | In each projection room | | 2-A:20-B:C |
| Stages | 6,000 | Each side | 2-A:10-B:C |
| Platforms | Less than 1,000 ft ² | Mounted on platform | 2-A:10-B:C |
| Platforms (enclosed) | 6,000 | Each side | 2-A:10-B:C |
| Basements/Cellars under stages | At each access to | 75 feet | 2-A:10-B:C |
| Carpenter Shop | 1,000 | 50 feet | 4-A:40-B:C |
| Dressing Rooms | In each hallway or passageway to any dressing room | 75 feet | 2-A:10-B:C |
| Fly Galleries | Each side of gallery | | 2-A:10-B:C |
| Property Room | Each Room | 50 feet | 2-A:10-B:C |
| Stage Switchboards | Each Switchboard | Adjacent to | 10-B:C/2-A:10-B:C |
| Kitchens | 3,000 | 50 feet | 40-B:C (existing prior to 01/01/02) |
| | CFC §1005.2.7 and CCR Title 19, Division 1, Chapter 3 | 30 feet | 2-A:K (installed on or after 01/01/02) |

000771

| Occupancy Classification And Division | Maximum Square Footage Per Floor | Travel Distance To Extinguisher Per Floor | Minimum U.L. Extinguisher Rating |
|-----------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------|
| CNG Compression, Storage, and Dispensing Systems | UFC Standard 52-1 | Dispensing area | 20-B:C |
| Solvent Distillation Units | CFC §3405.4.9 | Not <10 feet or >30 feet from any unit | 40-B |
| Helistops and Heliports | CFC §1107.7 | | 80-B:C |
| Marine Fuel-dispensing Stations | CFC §2210.6.4 | 25 feet | 20-B:C |
| Piers, Wharves and Floats | At each hose station | 25 feet | 2-A:10-B:C |
| Tents (having a floor area of 500ft ² or more) | CCR Title 19, Division 1, Chapter 3, Section 319 | One additional extinguisher shall be provided for each additional 2,000 ft ² or fraction thereof | 2-A:10-B:C |
| Generators or Transformers (supplying tents) | Each generator or transformer | | 10-B:C |
| Tent Kitchens and Food Preparation Areas | At each area | 30 feet | 2-A:K or 40-B:C |

Promulgated by: 

Date: 6/30/08

Rev. 6/24/2008

000773

Development Services Department
Division of Building, Safety & Construction

Installation Standards for
Automatic Electronic Defibrillators
in New Buildings
Municipal Code Amendments
City Wide
San Diego City Council
November 18, 2008

Senior Research Engineer, Ali Fattah

Development Services Department
Division of Building, Safety & Construction

Purpose

We are making this presentation to:

- Clarify the occupancy and floor area based trigger requiring AED's.
- Explain the proposed installation standards for AEDs.

Development Services Department
Division of Building, Safety & Construction


Local Amendment

- A new Division 39 will be added to the Building Regulations in the Land Development Code (Chapter 14 Article 5).
- AED's need to be installed prior to issuance of Certificate of Occupancy or approval of final inspection.

Development Services Department
Division of Building, Safety & Construction

Criteria for Placement


- The proposed Municipal Code amendments have been developed based on following criteria.
 - Performance objective based on 3 minute survival window described by Project Heartbeat.
 - 200 ft per minute travel speed (75% slower on stairs)
 - # of occupants within buildings or spaces



Development Services Department
Division of Building, Safety & Construction

Occupancy/Area Trigger


- AED regulations triggered based number of occupants within certain occupancies.
- Occupant load and occupancy determination based on the California Building Code.



Development Services Department
Division of Building, Safety & Construction

Exempt Occupancies/Uses

- Parking garages, and
- Single family dwellings, apartment buildings and residential condominiums, and
- Miscellaneous structures (private garages, greenhouses and agricultural buildings, etc..).




000775

Development Services Department
Division of Building, Safety & Construction

AED Location/Mounting


- AEDs shall be conspicuously placed and readily accessible in the event of an emergency.
- AEDs shall be mounted such that the top of the AED is no more than five (5) feet above floor level.
- When required AEDs shall be located in buildings to optimally achieve a three minute response time to person in need of AED.



Development Services Department
Division of Building, Safety & Construction

AED Installation – Per floor


- When required on every floor of a building AEDs shall be located as follows:
 - One AED shall be placed at the main entrance of every floor;
 - AEDs shall be located on each floor such that most remote point on a floor to any AED is not more than 300 feet;
 - AEDs shall be spaced not more than 600 feet apart.



Development Services Department
Division of Building, Safety & Construction

AED Installation – Multi-story

- When not required on every floor of a building pursuant to section AEDs shall be located as follows:
 - One AED shall be placed at the main entrance of every floor required to have one or more AEDs; and




000776

Development Services Department
Division of Building, Safety & Construction

AED Installation – Multi-story

- AEDs shall be located such that the maximum length of travel between any two AEDs on any two floors with AED's shall not exceed 450 feet.
- AED's may be required on every floor due to the occupancy on each floor or due to access limitations to floors in multi-story buildings.




Development Services Department
Division of Building, Safety & Construction

AED Installation – Multi-story Correction

- Section 144.3915 (c) (2) needs to be corrected as follows.
 - AEDs shall be located such that the maximum length of vertical travel between any two AEDs on any two floors with an AED shall not exceed 450 feet.

Reason: 450 ft spacing is between floors



| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| REQUEST FOR COUNCIL ACTION CITY OF SAN DIEGO | | | | 1. CERTIFICATE NUMBER: <div style="text-align: right;">59 12/02</div> | | | |
| TO: CITY ATTORNEY | | 2. FROM: (ORIGINATING DEPARTMENT) 00777 Council President Pro Tem Madaffer | | 3. DATE November 3, 2008 | | | |
| 4. SUBJECT: In the matter of requiring Automated External Defibrillators in specified newly constructed buildings | | | | | | | |
| 5. FOR INFORMATION, CONTACT: (NAME & MAIL STA.) Elyse Lowe, MS10A | | | 6. TELEPHONE NO. 619-533-5897 | | 7. CHECK HERE IF 1472A, "DOCKET SUPPORTING INFORMATION," HAS BEEN COMPLETED ON PAGE 2: <div style="text-align: right;">X</div> | | |
| 8. COMPLETE FOR ACCOUNTING PURPOSES | | | | | | | |
| FUND | | | | 9. ADDITIONAL INFORMATION/ESTIMATED COST: None | | | |
| DEPT. | | | | | | | |
| ORGANIZATION | | | | | | | |
| OBJECT ACCOUNT | | | | | | | |
| JOB ORDER | | | | | | | |
| C.I.P. NO. | | | | | | | |
| AMOUNT | | | | | | | |
| 10. ROUTING AND APPROVALS | | | | | | | |
| ROUTE (#) | APPROVING AUTHORITY | APPROVAL SIGNATURE | DATE SIGNED | ROUTE (#) | APPROVING AUTHORITY | APPROVAL SIGNATURE | DATE SIGNED |
| 1 | Jim Madaffer | <i>[Signature]</i> | 11/3/08 | 6 | | | |
| 2 | DSD | <i>[Signature]</i> | 11/4/08 | 7 | | | |
| 3 | Fire | <i>[Signature]</i> | 11/6/08 | 8 | | | |
| 4 | Council Liaison | <i>[Signature]</i> | 11/5/08 | 9 | | | |
| 5 | City Attorney | <i>[Signature]</i> | 11/5/08 | <div style="display: flex; justify-content: space-between;"> MGR. DOCKET COORD. _____ COUNCIL REP. _____ </div> <div style="display: flex; justify-content: space-between;"> <div> RULES COMMITTEE <input type="checkbox"/> CONSENT <input type="checkbox"/> Refer to <i>ns</i> </div> <div> <input checked="" type="checkbox"/> ADOPTION <input type="checkbox"/> Date <div style="text-align: right;">11/18/08</div> </div> </div> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. PREPARATION OF: | | | | | | | |
| RESOLUTION(S) | | <input checked="" type="checkbox"/> ORDINANCE(S) | | AGREEMENT(S) | | DEED(S) | |
| An ordinance of the Council of the City of San Diego amending Ch. 14, Art. 5 of the San Diego Municipal Code by adding Div. 39, titled Automated External Defibrillators, and by adding Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 and 145.3935 all related to requirements for Automated External Defibrillators in certain newly constructed buildings. | | | | | | | |
| 11a. MANAGER'S RECOMMENDATIONS: | | | | | | | |
| Adopt the ordinance | | | | | | | |
| 12. SPECIAL CONDITIONS (REFER TO A.R. 3.20 FOR INFORMATION ON COMPLETING THIS SECTION.) | | | | | | | |
| <u>Council District:</u> 1-8 <u>City Clerk Instructions:</u> <u>Environmental Impact:</u> This activity is not a "project" and therefore exempt from CEQA pursuant to State CEQA guidelines Sect. 15060 (C)(3). <u>Attachments:</u> Executive Summary | | | | | | | |

000779

EXECUTIVE SUMMARY SHEET
CITY OF SAN DIEGO

DATE ISSUED: November 4, 2008 REPORT NO:
ATTENTION: Council President and City Council
ORIGINATING DEPARTMENT: Council President Pro Tem Jim Madaffer
SUBJECT: Requiring Automated External Defibrillators (AED's) in
Certain New Buildings
COUNCIL DISTRICT(S): All
CONTACT/PHONE NUMBER: Elyse Lowe, Council President Pro Tem Madaffer x35897
Nina Fain, Deputy City Attorney x35818
Ali Fattah, Development Services x65092

REQUESTED ACTION: Approve an ordinance of the Council of the City of San Diego amending Ch. 14, Art. 5 of the San Diego Municipal Code by adding Div. 39, titled Automated External Defibrillators, and by adding Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 and 145.3935 all related to requirements for Automated External Defibrillators in certain newly constructed buildings.

STAFF RECOMMENDATION: Adopt the ordinance

EXECUTIVE SUMMARY: Sudden Cardiac Arrest (SCA) is leading cause of death in this country with nearly 325,000 victims each year nationwide with two thirds of those deaths occurring without any prior indications of heart disease. SCA is an electrical problem, whereby arrhythmia prevents the heart from pumping blood to the brain and vital organs. Victims need to receive defibrillation from Automated External Defibrillators (AED's) within five minutes for best chance of survival. The San Diego region currently has 4,000 AED units placed in private and public facilities with 52 victim's lives saved to date.

The purpose of this ordinance is to expand the presence of AED's and decrease medical response time to victims of SCA to make a significant lifesaving difference. AED devices have been demonstrated to be safe and effective, even when used by laypeople, since the devices are designed not to allow a user to administer a shock until after the device has analyzed the victim's heart rhythm and determined that an electric shock is required.

Certain newly constructed buildings would be required to have an AED installed based on occupancy load levels to optimally achieve a three minute response time to travel to person in need. Occupancy load threshold was determined by load factors in California Building Code. Development Services staff would issue the Certificate of Occupancy once inspection shows the AED requirement has been met.

This ordinance complies with current state law which dictates the requirements of AED use including a training component, annual maintenance, and user liability immunity. The State of California required AED training and maintenance is a self certification process after installation.

000780

If the state Good Samaritan Law is extended or made permanent, the ordinance will remain in effect as long as the state law provides limits on liability.

FISCAL CONSIDERATIONS: None

PREVIOUS COUNCIL and/or COMMITTEE ACTION:

On July 16, 2008: Rules Committee held a workshop on the proposal to require AED's in certain new construction.

ACTION: Motion by Councilmember Frye, second by Council President Pro Tem Madaffer, to direct the City Attorney and the Development Services Department to work together to draft the ordinance, address the comments and concerns of the Committee, and return to the Rules Committee on September 17, 2008.

VOTE: 4-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-not Present

September 17, 2008: Rules Committee heard an informational update from the Development Services Department and City Attorney regarding the Ordinance Proposed by Council President Pro Tem Madaffer requiring AED's in certain new construction.

VOTE: Info only. No vote was taken.

On October 22, 2008: Rules Committee heard a report from the Development Services Department and the City Attorney regarding the Proposed Ordinance for mandatory AEDs in certain new construction.

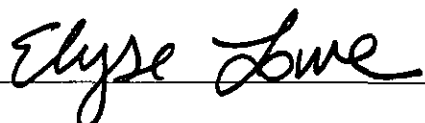
ACTION: Motion by Council President Peters, second by Council President Pro Tem Madaffer, to send the item to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance.

VOTE: 5-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-yea

COMMUNITY PARTICIPATION AND PUBLIC OUTREACH EFFORTS: Workshop for stakeholders held by City on September 30, 2008.

KEY STAKEHOLDERS AND PROJECTED IMPACTS:

Building Owners and Managers, National Association of Industrial and Office Properties. Fiscal Impacts are considered to be approximately \$2,000 per AED including training and annual maintenance.



Originating Department

CITY ATTORNEY DIGEST

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

This ordinance changes the San Diego Municipal Code by adding requirements to place automated external defibrillators [AEDs] in certain buildings based on occupancy group (use) and occupant load. Specifically, the ordinance requires that AEDs be placed in all newly constructed buildings categorized as Assembly Group A occupancies with an occupant load in excess of 300 persons as well as Business Group B, Education Group E, Factory Group F, High-Hazard Group H, Institutional Group I, Mercantile Group M, Residential Group R, and Storage Group S occupancies with occupant loads in excess of 200 persons. The ordinance does not require AEDs to be placed in single-family or multi-family residential buildings, parking garages, or any Utility Group U occupancies. The placement of the AEDs is such to optimally achieve a 3-minute response time from the collapse of a patient to on-scene arrival by a trained AED lay rescuer. This ordinance also specifies that there are requirements under state law for training, notification, installation, maintenance, repair, testing, and checking of the AEDs and that there are state law conditions to limits on civil liability under the Good Samaritan Law.

Finally, this ordinance contains a sunset provision that will automatically repeal the AED requirements upon the sunset of the state Good Samaritan law that provides immunity from civil liability if certain requirements are met. Alternatively, if the state Good Samaritan Law is extended or made permanent, the ordinance will remain in effect as long as the state law provides limits on liability.

This ordinance contains a notice that a full reading of this ordinance is dispensed with prior to its passage, since a written copy will be available to the City Council and the public prior to the day of its passage.

This ordinance shall take effect and be in force on the sixtieth day from and after its final passage.

A complete copy of the Ordinance is available for inspection in the Office of the City Clerk of the City of San Diego, 2nd Floor, City Administration Building, 202 C Street, San Diego, CA 92101.

NMF:mm
08/27/08
08/14/08 COR.COPY
Or.Dept: Rules Committee
O-2009-28
MMS No. 6706

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

WHEREAS, 465,000 people in the United States die each year from sudden cardiac arrest, also known as ventricular fibrillation; and

WHEREAS, defibrillation or shock using an automated external defibrillator [AED] is the only effective therapy for sudden cardiac arrest; and

WHEREAS, for each minute that passes without cardiopulmonary resuscitation [CPR] and defibrillation, the chance of survival from sudden cardiac arrest *decreases* 7% to 10%; and

WHEREAS, the survival rate from sudden cardiac arrest in places where no CPR and defibrillation program is in place is only about 5%; and

WHEREAS, when AED programs provide immediate CPR and AED shock within the first minute of collapse, the survival rate from cardiac arrest is as high as 74%; and

WHEREAS, requiring AEDs in certain buildings will reduce emergency care response times, increase the chances of survival, and safeguard the lives of persons who experience sudden cardiac arrest; and

WHEREAS, California has enacted a Good Samaritan Law that, subject to certain requirements, may limit the liability of one who renders emergency care via an AED; NOW, THEREFORE,

BE IT ORDAINED, by the Council of the City of San Diego, as follows:

Section 1. That Chapter 14, Article 05, of the San Diego Municipal Code is amended by adding a new Division 39, titled "Automated External Defibrillators," and adding new Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930, and 145.3935, to read as follows:

DIVISION 39

AUTOMATED EXTERNAL DEFIBRILLATORS

§145.3901 Purpose

The purpose of this Division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this Division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons. This Division is not intended to create a new standard of care.

§145.3905 Definitions

Except as otherwise provided, for the purposes of this Division:

Automated External Defibrillator or *AED* means "Automated External Defibrillator" or "AED" as defined in the California Code of Regulations, Title

22, Division 9, Chapter 1.8., Section 100033, which states “Automated External Defibrillator” or “AED” means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. *AED* shall also have the same meaning as “Automatic External Defibrillator” pursuant to Health and Safety Code section 1797.196.

§145.3910 New Construction Requiring AEDs

- (a) Prior to issuance of a certificate of occupancy or approval of final inspection, *AEDs* shall be placed in all newly constructed buildings in the occupancy groups and with occupant loads in excess of that shown in Table 145-3910. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy groups shall be determined based on Chapter 3 of the California Building Code.
- (b) *AEDs* shall be conspicuously placed and readily accessible in the event of an emergency. *AEDs* shall be mounted such that the top of the *AED* is no more than five (5) feet above floor level.

Table 145-3910

| Occupancy Group | Occupant Load |
|------------------------------------|----------------------|
| Group A "Assembly" | 300 |
| Group B "Business" | 200 |
| Group E "Educational" | 200 |
| Group F "Factory" | 200 |
| Group H "High Hazard" | 200 |
| Group I "Institutional" | 200 |
| Group M "Mercantile" | 200 |
| Group R "Residential" ¹ | 200 |
| Group S "Storage" ² | 200 |

¹ Excluding single-family and multi-family dwelling units² Excluding parking garages**§145.3915 Location of AEDs**

- (a) When required pursuant to this Division, *AEDs* shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the *AED*.
- (b) When required on every floor of a building pursuant to section 145.3910 and Table 145-3910, *AEDs* shall be located as follows:

- (1) One *AED* shall be placed at the main entrance of every floor;
 - (2) *AEDs* shall be located on each floor such that the maximum length of travel measured from the most remote point on a floor to any *AED*, shall not exceed 300 feet; and
 - (3) *AEDs* shall be located on each floor such that the maximum length of travel between any two *AEDs* shall not exceed 600 feet.
- (c) When not required on every floor of a building pursuant to section 145.3910 and Table 145-3910, *AEDs* shall be located as follows:
- (1) One *AED* shall be placed at the main entrance of every floor required to have one or more *AEDs*; and
 - (2) *AEDs* shall be located such that the maximum length of vertical travel between any two *AEDs* on any two floors with an *AED* shall not exceed 450 feet.

§145.3920 AED Installation, Repair, and Training Requirements

For all newly constructed buildings that require *AEDs* pursuant to section 145.3910 and Table 145-3910, the building owner or principal (if in a K-12 school) shall ensure annual written certification of the *AED* is provided to the Fire-Rescue Department verifying any *AED* required pursuant to this Division is in good working condition and has received necessary maintenance. The building owner or principal shall also ensure compliance with all requirements under state and federal law relating to *AEDs* and may ensure that the conditions for limits on liability under state law are met. Such requirements and conditions may include, but may not be limited to, the following:

- (a) Registration of the *AED*, at the time it is acquired, with the City of San Diego Fire-Rescue Department including the existence, location, and type of *AED*;
- (b) Written validation and prescription for use of the *AED*(s) is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) Training of at least one employee per every *AED* for the first five acquired and one employee for every five more *AED*s acquired thereafter in cardiopulmonary resuscitation and *AED* use that complies with the California Code of Regulations and the American Heart Association or the American Red Cross standards;
- (d) Trained employees made available to respond to an emergency during normal operating hours;
- (e) Installation, maintenance, repair, testing, and readiness checks of each *AED* in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (f) Maintenance of records of employee training, installation, maintenance, repair, testing, and checking of the *AED* on the premises for a minimum of one year and readily available upon request by the Fire-Rescue Department, Building Official, or other enforcement designee or agency;

- (g) Upon rendering emergency care using the *AED*, activation of the Fire-Rescue Department emergency 911 system as soon as possible and report of any use of the *AED* to the prescribing physician;
- (h) Tenants annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an *AED* also posted next to all *AEDs*, and tenant notification of the location of all *AEDs* in the building;
- (i) School staff and administrators annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an *AED* also posted next to all *AEDs*, and notification of the location of all *AEDs* on campus; and
- (j) Development of a written internal emergency response system and plan in coordination with a California licensed physician and surgeon describing the procedures to be followed in the event of an emergency that may involve the use of an *AED*, including but not limited to, immediate notification of the Fire-Rescue Department and trained personnel at the start of *AED* procedures.

§145.3925 Exemption for AEDs Used Solely for Demonstration Purposes

Any *AED* used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this Division. Any *AED* used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3930 Immunity and Sunset Provision for AED Requirements

The provisions of this Division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this Division shall be automatically repealed and removed from the Code. However, if the State Legislature extends or makes permanent the applicability of the Good Samaritan Law, the provisions of this Division shall be extended and remain in effect for as long as State immunity is provided.

§145.3935 Alternate Materials, Designs and Methods of Construction

- (a) Alternate materials, designs, or methods of construction to the requirements of this Division may be approved and their use authorized by the Building Official in accordance with section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this Division and be, for the use intended, at least the equivalent of that prescribed in this Division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of alternate materials, designs, or methods.

Section 2. That a full reading of this ordinance is dispensed with prior to passage, since a written copy was made available to the City Council and the public prior to the day of its passage.

000791

(O-2009-28)
REV. COPY

Section 3. This ordinance shall take effect and be in force on the sixtieth day from and after its final passage, and shall remain in effect until January 1, 2013, unless the sunset date of the Good Samaritan Law (California Health and Safety Code section 1797.196) is extended or made permanent, in which case, the ordinance shall remain in effect as long as the Good Samaritan Law is in effect.

APPROVED: MICHAEL J. AGUIRRE, City Attorney

By

7-7-
Nina M. Fain
Deputy City Attorney

NMF:mm
11/03/08
11/14/08 COR. COPY
11/20/08 REV. COPY
Or.Dept: Rules Committee
O-2009-28
MMS#6706

I hereby certify that the foregoing Ordinance was passed by the Council of the City of San Diego, at this meeting of _____.

ELIZABETH S. MALAND
City Clerk

By _____
Deputy City Clerk

Approved: _____
(date)

JERRY SANDERS, Mayor

Vetoed: _____
(date)

JERRY SANDERS, Mayor

STRIKE OUT ORDINANCE

OLD LANGUAGE: ~~Struck Out~~NEW LANGUAGE: Underline

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

DIVISION 39AUTOMATED EXTERNAL DEFIBRILLATORS§145.3901 Purpose

The purpose of this Division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this Division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons. This Division is not intended to create a new standard of care.

§145.3905 **Definitions**

Except as otherwise provided, for the purposes of this Division:

Automated External Defibrillator or AED means "Automated External Defibrillator" or "AED" as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.8., Section 100033, which states "Automated External Defibrillator" or "AED" means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. AED shall also have the same meaning as "Automatic External Defibrillator" pursuant to Health and Safety Code section 1797.196.

§145.3910 **New Construction Requiring AEDs**

- (a) Prior to issuance of a certificate of occupancy or approval of final inspection, AEDs shall be placed in all newly constructed buildings in the occupancy groups and with occupant loads in excess of that shown in Table 145-3910. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy groups shall be determined based on Chapter 3 of the California Building Code.
- (b) AEDs shall be conspicuously placed and readily accessible in the event of an emergency. AEDs shall be mounted such that the top of the AED is no more than five (5) feet above floor level.

Table 145-3910

| <u>Occupancy Group</u> | <u>Occupant Load</u> |
|------------------------------------------|-----------------------------|
| <u>Group A "Assembly"</u> | <u>300</u> |
| <u>Group B "Business"</u> | <u>200</u> |
| <u>Group E "Educational"</u> | <u>200</u> |
| <u>Group F "Factory"</u> | <u>200</u> |
| <u>Group H "High Hazard"</u> | <u>200</u> |
| <u>Group I "Institutional"</u> | <u>200</u> |
| <u>Group M "Mercantile"</u> | <u>200</u> |
| <u>Group R "Residential"¹</u> | <u>200</u> |
| <u>Group S "Storage"²</u> | <u>200</u> |

¹ Excluding single-family and multi-family dwelling units² Excluding parking garages**§145.3915** **Location of AEDs**

- (a) When required pursuant to this Division, AEDs shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the AED.
- (b) When required on every floor of a building pursuant to section 145.3910 and Table 145-3910, AEDs shall be located as follows:
- (1) One AED shall be placed at the main entrance of every floor;

- (2) AEDs shall be located on each floor such that the maximum length of travel measured from the most remote point on a floor to any AED, shall not exceed 300 feet; and
- (3) AEDs shall be located on each floor such that the maximum length of travel between any two AEDs shall not exceed 600 feet.
- (c) When not required on every floor of a building pursuant to section 145.3910 and Table 145-3910, AEDs shall be located as follows:
 - (1) One AED shall be placed at the main entrance of every floor required to have one or more AEDs; and
 - (2) AEDs shall be located such that the maximum length of vertical travel between any two AEDs on any two floors with an AED shall not exceed 450 feet.

§145.3920 AED Installation, Repair, and Training Requirements

For all newly constructed buildings that require AEDs pursuant to section 145.3910 and Table 145-3910, the building owner or principal (if in a K-12 school) shall ensure annual written certification of the AED is provided to the Fire-Rescue Department verifying any AED required pursuant to this Division is in good working condition and has received necessary maintenance. The building owner or principal shall also ensure compliance with all requirements under state and federal law relating to AEDs and may ensure that the conditions for limits on liability under state law are met. Such requirements and conditions may include, but may not be limited to, the following:

- (a) Registration of the AED, at the time it is acquired, with the City of San Diego Fire-Rescue Department including the existence, location, and type of AED;
- (b) Written validation and prescription for use of the AED(s) is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) Training of at least one employee per every AED for the first five acquired and one employee for every five more AEDs acquired thereafter in cardiopulmonary resuscitation and AED use that complies with the California Code of Regulations and the American Heart Association or the American Red Cross standards;
- (d) Trained employees made available to respond to an emergency during normal operating hours;
- (e) Installation, maintenance, repair, testing, and readiness checks of each AED in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (f) Maintenance of records of employee training, installation, maintenance, repair, testing, and checking of the AED on the premises for a minimum of one year and readily available upon request by the Fire-Rescue Department, Building Official, or other enforcement designee or agency;

- (g) Upon rendering emergency care using the AED, activation of the Fire-Rescue Department emergency 911 system as soon as possible and report of any use of the AED to the prescribing physician;
- (h) Tenants annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an AED also posted next to all AEDs, and tenant notification of the location of all AEDs in the building;
- (i) School staff and administrators annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an AED also posted next to all AEDs, and notification of the location of all AEDs on campus; and
- (j) Development of a written internal emergency response system and plan in coordination with a California licensed physician and surgeon describing the procedures to be followed in the event of an emergency that may involve the use of an AED, including but not limited to, immediate notification of the Fire-Rescue Department and trained personnel at the start of AED procedures.

§145.3925 Exemption for AEDs Used Solely for Demonstration Purposes

Any AED used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this Division. Any AED used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3930 Immunity and Sunset Provision for AED Requirements

The provisions of this Division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this Division shall be automatically repealed and removed from the Code. However, if the State Legislature extends or makes permanent the applicability of the Good Samaritan Law, the provisions of this Division shall be extended and remain in effect for as long as State immunity is provided.

§145.3935 Alternate Materials, Designs and Methods of Construction

- (a) Alternate materials, designs, or methods of construction to the requirements of this Division may be approved and their use authorized by the Building Official in accordance with section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this Division and be, for the use intended, at least the equivalent of that prescribed in this Division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of alternate materials, designs, or methods.

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